PTO/SB/06 (07-06) /2007 OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/586,563			ing Date 29/2008	To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY 🛛			OTHER THAN OR SMALL ENTITY		
⊢	FOR		NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)	<u> </u>	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1.16(a), (b),	-	N/A		N/A			N/A	1 == (4)	١	N/A	1 == (4)		
	SEARCH FEE (37 CFR 1.16(k), (f),		N/A		N/A			N/A		١	N/A			
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A			N/A		1	N/A			
TO	FAL CLAIMS CFR 1.16(i))		4 minus 20 =		• 0			X \$25 =	0	OR	x s =			
IND	EPENDENT CLAIM CFR 1.16(h))	s	1 minus 3 =		٠0			X \$105 =	0		x s =			
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit 35 U	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or frac 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								TOTAL	0		TOTAL			
* If the difference in column 1 is less than zero, enter "0" in column 2.								IOIAL		ı	IOIAL			
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMAL											ER THAN ALL ENTITY			
AMENDMENT	10/22/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1.18())	• 4	Minus	~ 20		= 0		X \$26 =	0	OR	x s =			
	Independent (37 CFR 1.16(h))	• 1	Minus	3		= 0		X \$110 =	0	OR	x s =			
	Application Size Fee (37 CFR 1.16(s))													
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)		
	Total (37 CFR 1,16())		Minus			=		x \$ =		OR	x s =			
Σ	Independent (37 CFR 1,16(h))		Minus	ŧ				x \$ =		OR	x s =			
ᇳ	Application Size Fee (37 CFR 1.16(s))									ı				
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
Γ										OR	TOTAL ADD'L FEE			
" if the entry in column 1 is less than the entry in column 2, write "0" in column 3. " if the "Highest Number Previously Paid For "IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.														

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in it is life (and by the USFTO to process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. 1 this collection is estimated to take 12 minutes to complete, encuding pathenapy, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.